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and district

Hamilton Civic Hospitals

HIV INFECTION

Ethical

and

Management

Guidelines

Hamilton Civic Hospitals
Human Immunodeficiency Virus (HIV) Infection
Ethical and Management Guidelines

These guidelines are intended to aid the physician in making decisions about many of the difficult problems which arise in the use of diagnostic procedures for HIV infection and in the care of patients with HIV infection. They also incorporate hospital policy, to which all health care workers are expected to conform.

The guidelines are based on the "AIDS policy and Ethics Recommendations to the Hamilton-Wentworth District Health Council, July 1988", and on comments about these recommendations made by various clinical departments. The following guidelines are not definitive. They may, and probably will, require changing as new information becomes available, and/or societal attitudes change. Provincial and Federal Statutes affecting AIDS patients are listed in Appendix 1.

Basic Ethical Principles

- 1) Human welfare must be placed before all other concerns (e.g. economic, political).
- 2) Policy must demonstrate equity, equality, individual and social justice.
- 3) There is a duty to provide services without discrimination.
- 4) There is a duty to protect others from injury (i.e. protect the public health).
- 5) There is a duty to protect the privacy of the individual (e.g. confidentiality)
- 6) The individual should remain autonomous (i.e. the individual should retain control over decisions affecting his/her own life and health care).

General Policy Guidelines

1. There should be no discrimination on the basis of HIV infection with respect to accessibility of services and/or employment.
2. The Civic Hospitals will follow "Body Substance Precautions" without discrimination (see Glossary).
3. Members of the hospital staff should make themselves aware of resources related to HIV infection and AIDS. (See Appendix 2).
4. Members of the hospital staff should aim to work towards a consistent and co-ordinated approach to the provision of HIV infection and AIDS related health care.
5. Continuing, up to date, medical education programs about HIV infection and AIDS should be made available to the hospital staff.

1. Consent

A valid consent (see Glossary) should be obtained prior to blood being drawn for HIV testing. The consent should be documented by means of a consent form, signed by the patient and dated.

A sample consent form is attached in Appendix 5. It is intended that this form would be used as a guide for dialogue between the physician and the patient. It is also intended that the physician will obtain the patient's signature and not delegate that aspect to another person. In addition, it is intended the physician sign the form.

Notwithstanding the importance of the informed consent, the physician should have the right to order tests for HIV infection, when the usual avenues of obtaining informed consent are not available, and when he/she considers it necessary.

2. Pre and Post-Test Counselling

HIV antibody testing must be done only with pre-test and ongoing post-test counselling (see Appendix 3).

In the event of a **negative** result, post-test counselling may be given by the primary care giver.

In the event of a **positive** result, post-test counselling should include a referral of the patient to H.I.V. clinic or other expert resource persons.

3. Confidentiality

The same concepts of confidentiality and disclosure should apply to the results of the HIV tests and HIV/AIDS status as are applied to any personal/confidential data associated with a patient. These data should be documented in the patient's medical record, accessible to care givers, including learners. All hospital staff and students should be educated regarding the importance of the confidential nature of all personal data about patients.

4. Reporting

A patient who is diagnosed as having HIV infection or AIDS must be reported to the Medical Officer of Health as having a reportable disease, as required by Statute (see Appendix 4).

5. Screening

There is not sufficient justification at the present time for routine screening of all patients admitted to hospital or those being treated as outpatients. Nor is there any current justification for screening of hospital staff. Given the recommended use of body substance precautions, screening, as such, is unnecessary and may lead to a false sense of security.

6. Non-Discrimination

There should be no discrimination on the basis of HIV infection with respect to accessibility of care and/or employment. It is the responsibility of the employer to provide for the education of staff and for the application of body substance precautions.

7. Surrogate Decision Making

After admission to the hospital, a competent patient should be legally able to indicate whom they wish to make health care decisions for them if they become incompetent. In the mean time, the expressed wishes of the patient should be documented and followed.

8. Hospital Employees

Hospital employees who are known to be infected with HIV cannot be refused employment. They should not, however, be employed in a Department where invasive procedures are practised.

Glossary of Terms

- **Body Substance Precautions**

Definition

Body Substance Precautions is an interaction driven system to be employed when contact with blood and body substances is anticipated. It includes blood, body fluids, mucous secretions, faeces, tissues and non-intact skin. Therefore, precautions with all patients should include, consistent use of appropriate barriers to prevent skin and mucous membrane exposure.

Purpose

To prevent the transmission of all known and unknown pathogens from person to person in cases of infection and/or colonizations.

(See Hamilton Civic Hospitals Infection Control Manual, 1989.)

- **Valid Consent**

The notion of a valid consent is grounded in respect for person's and patients' right to participate in decisions about any medical treatment options open to them. The following characteristics are essential for valid consent.

1) **Voluntariness.** In making decisions about treatment options patients should be free from duress.

2) **Competence.** Both legal and mental competence are included in the concept of competence. Patients must be of age and rationale.

3) **Understanding.** Adequate information must not only be presented to patients but also in a way that they understand.

4) **Honesty.** Except in rare cases, patients should be told the truth about their condition. While this may be done gradually, it must be done sensitively.

Provincial and Federal Statutes Affecting AIDS Policy

Federal

Canadian Charter of Rights and Freedoms

Canadian Human Rights Act
S.C. 1976 - 77, c.33, as amended

Criminal Code
R.S.C. 1970, c.34, as amended

Provincial

Employment Standards Act
R.S.O. 1980, c.137, as amended

Health Disciplines Act
R.S.O. 1980, c.196

Health Promotion and Protection Act
S.O. 1983, c.10, as amended

Human Rights Code, 1981
S.O. 1981, c.53, as amended

Human Tissue Gift Act
R.S.O. 1980, c.210, as amended

Insurance Act
R.S.O. 1980, c.218

Mental Health Act
R.S.O. 1980, c.262, as amended

Occupational Health and Safety Act
R.S.O. 1980, c.231, as amended

Public Hospitals Act
R.S.O. 1980, c.410, as amended

The following resources and agencies in the Hamilton-Wentworth Health Region are available to assist in the management of issues related to HIV infection and AIDS. The names and addresses are correct as of January 1990.

HANDS

Hamilton AIDS Network for Dialogue and Support

143 James Street South, Suite 900, Hamilton

Hotline 528-0537 Office 528-0854

HANDS provides education to community groups, support services including counselling, peer counselling, buddy system, contact person, drop-in lounge, a Hotline providing a taped message, and emergency financial assistance.

HUGS

Hamilton United Gay Societies

41 King William Street, Room 303, Hamilton

PO Box 44 Station B, Hamilton L8L 7T5

Gayline 523-7055 counsellors available 7-10 pm Wed.-Fri.

HUGS provides a support group for gay men and women, peer counselling, and telephone information through its Gayline.

AIDS Program

Department of Health, Regional Municipality of Hamilton-Wentworth

25 Main Street West, Hamilton

STD Hotline 528-5894 Office 521-4800

The AIDS Program provides: pre-test and post-test counselling, home visits, referrals to appropriate support services, contact tracing, a Hotline, education to community groups, and assistance in development of work place policy.

AIDS Project

Department of Health, Regional Municipality of Halton

Oakville office 842-6500

123 Maurice Drive, Oakville

Burlington office 639-5141

460 Brant Street, Burlington

The AIDS Project provides similar services as the AIDS Program.

Special Immunology Services

Department of Psychiatry, Hamilton General Division

Hamilton Civic Hospitals

237 Barton Street East, Hamilton

527-0271 extension 4953

The Special Immunology Services provides psychiatric and neuropsychological assessment of HIV positive and AIDS patients, recommendations regarding further treatment, reassessment every three months, support groups which meet weekly, referrals are required from the physician.

Regional HIV Consultation Clinic Program

McMaster University Medical Centre

Chedoke-McMaster Hospitals

1260 Main Street West,

Hamilton, Ontario

521-2100 extension 6380

Co-Directors: Drs. D. Sauder/S.J. Landis

The Regional HIV Clinic is expected to be fully operational in the spring of 1990. The clinic will provide consultative assessment, diagnosis and treatment of HIV-infected individuals on an outpatient basis, research in drug trials, preventive epidemiology and referrals to support services.

Regional Pentamidine Service

Ambulatory Care Department

Hamilton General Division

Hamilton Civic Hospitals

This service is provided under the auspices of the Regional HIV Consultation Clinic Program and the Hamilton Civic Hospitals, to make available aerosolized pentamidine to HIV-positive individuals, who are at increased risk of developing PCP pneumonia.

Hamilton-Wentworth Home Care Program

Victorian Order of Nurses, Hamilton-Wentworth Branch

414 Victoria Avenue North, Hamilton

523-8600

Professional and support services are provided to eligible clients in their homes as required including: nursing, physiotherapy, occupational therapy, speech therapy, homemaking, medical equipment, transportation, meals-on-wheels, drug benefits, and palliative care.

Provincial AIDS Hotline

Department of Health, Toronto

1-800-668-2437

This Hotline provides referrals for support services, health care testing and treatment, information and education.

HIV Antibody Testing Pre and Post-Test Counselling

PRE TEST COUNSELLING

The following is an attempt to outline those issues which should be reviewed with any person before he/she agrees to be tested for the AIDS antibody. This list is merely an initial guide and is by no means exhaustive; it will need revision, especially as our knowledge of and treatment for AIDS evolves.

1. What AIDS is
 - Its basic natural history
 - How it is contracted/spread
 - Current status re treatment or lack thereof
 - Current status re morbidity/mortality
2. The possibility of false positive testing (though currently remote).
3. The possibility of false negative testing.
4. The period of delay before results are available; the anxiety which this delay usually engenders.
5. The potential for loss of confidentiality and the possible implications thereof.
6. Reporting obligations of the testing agent; the role of the Department of Public Health; potential for contact tracing.
7. Potential loss of insurability.
8. Probability that a positive result will result in great psychological distress; existence and format of local helping agencies.
9. Any benefit to themselves or the institution/medical community/community-at-large deriving from the test.

POST-TEST COUNSELLING

Guiding Principle

The individual facing a possible HIV infection is confronting a relatively imminent death through debilitating disease. As such, that individual is primarily in need of mental and medical counselling. Further, that individual is faced with a society still lacking in knowledge, understanding and concern. While we all have an interest in preventing the spread of HIV, the care giver's first goal should be the mental and medical health of the client. The client's initial thoughts will generally be of illness and death, not of sex and drugs. We depend on the social responsibility of the infected individual to prevent the spread of HIV. The individual is more likely to be responsible towards a caring and understanding society than toward a vindictive and didactic one. The care giver can show this caring and understanding by attending to the mental and medical counselling that the client needs at this difficult time. Sexual and drug counselling can only have an effect once the client's main fears and misunderstandings have been addressed.

A. Negative Result

Counselling at a single meeting may be sufficient.

- Possibility of a false negative
- Discussion about sexual habits may indicate value of a second test in 3-6 months
- Discussion of the value of T4/T8 cell count test versus subsequent HIV antibody tests, especially for gay men and drug users
 - gives immune status without reporting and stigma of HIV
 - gay men and drug users often have immune suppression from other causes which are worth addressing
- Psychological effect of knowing result
 - relief, second chance, etc.
 - relate back to original reasons for having the test done
- Discussion of safer sex

POST-TEST COUNSELLING (Continued)

B. Positive Result

Counselling is to be done over a period of time with 2 or more visits to the primary care giver.

- immediate psychological needs
 - discuss present mood, feelings, thoughts
 - what news means to client right now
 - correct any misconceptions
 - plan to get through rest of day/next day
 - counsellor, friends, lover, companions, family...
 - HANDS and/or other agencies
- longer term psychological needs
 - plan for longer term psychiatric/psychological counselling
 - repeat visit to test practitioner within week
 - support groups (HANDS, etc)
- discussion of immune system, antibodies, medical meaning of test
- immune system tracking and early treatment options
 - availability of T4/T8 cell counting to get immune status
 - use of cell counting to track status
 - anti-viral treatments may be more effective for people who still have the strength to withstand side effects
 - early treatment choices
- discussion of immune suppressors versus enhancers
 - drugs, alcohol, smoking, etc.
 - nutrition, exercise, etc.
- affectional, relational, and sexual fulfillment is possible without spreading HIV.
- the responsibilities towards others
- what is meant by safer sex

Current Legal Reporting Requirements in Ontario (July 1988)

The reporting requirements for communicable and reportable diseases is set out in part IV (Sections 25-32, 34) of the **Health Protection and Promotion Act** (Statutes of Ontario 1983, Chapter 10). Acquired Immune Deficiency Syndrome (AIDS) is both a communicable (Ont. Regulation 161/84) and a reportable (Ont. Regulation 162/84) disease under the Act.

Sections 25-32 and 34 of the Act are attached.

25. A physician or a person registered under Part II, IV, V or VI of the *Health Disciplines Act* to practise a health discipline or a person registered as a drugless practitioner under the *Drugless Practitioners Act* who, while providing professional services to a person who is not a patient in or an out-patient of a hospital, forms the opinion that the person has or may have a reportable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided
1983, c. 10, s. 25.

Duty to
report disease
R.S.O. 1983
cc. 196, 127

26. A physician who, while providing professional services to a person, forms the opinion that the person is or may be infected with an agent of a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the professional services are provided.
1983, c. 10, s. 26.

Carrier of
disease

27. — (1) The administrator of a hospital shall report to the medical officer of health of the health unit in which the hospital is located if an entry in the records of the hospital in respect of a patient in or an out-patient of the hospital states that the patient or out-patient has or may have a reportable disease or is or may be infected with an agent or communicable disease.

Duty of
hospital
administrator
to report
re disease

(2) The superintendent of an institution shall report to the medical officer of health of the health unit in which the institution is located if an entry in the records of the institution in respect of a person lodged in the institution states that the person has or may have a reportable disease or is or may be infected with an agent of a communicable disease.

Duty of super-
intendent of
institution to
report re
disease

(3) The administrator or the superintendent shall report to the medical officer of health as soon as possible after the entry is made in the records of the hospital or institution, as the case may be.
1983, c. 10, s. 27.

When report
to be given

Duty of school
principal to
report disease

28. The principal of a school who is of the opinion that a pupil in the school has or may have a communicable disease shall, as soon as possible after forming the opinion, report thereon to the medical officer of health of the health unit in which the school is located. 1983, c. 10, s. 28.

Report by
operator

29. — (1) The operator of a laboratory shall report to the medical officer of health of the health unit in which the laboratory is located each case of a positive laboratory finding in respect of a reportable disease, as soon as possible after the making of the finding.

Contents and
time of report

(2) A report under this section shall state the laboratory findings and shall be made within the time prescribed by the regulations.

Definition
"laboratoire"
R.S.O. 1980,
c. 409

(3) In this section "laboratory" has the same meaning as in section 59 of the *Laboratory and Specimen Collection Centre Licensing Act*. 1983, c. 10, s. 29.

Duty to report
death R.S.O.
1980, c.524

30. A physicaïn who signs a medical certificate of death in the form prescribed by the regulations under the *Vital Statistics Act* where the cause of death was a reportable disease or a reportable disease was a contributing cause of death shall, as soon as possible after signing the certificate, report thereon to the medical officer of health of the health unit in which the death occurred. 1983, c. 10, s. 30.

Reports by
M.O.H. re
diseases

31. — (1) Every medical officer of health shall report to the Ministry in respect of reportable diseases that occur in the health unit served by the medical officer of health. 1983, c. 10, s. 31.

Reports by
M..H.O. re
events

(2) Every medical officer of health shall report to the Ministry within seven days after receiving a report concerning a reportable event under section 37a that occurs in the health unit served by the medical officer of health 1987, c. 18, s. 1.

32. — (1) A medical officer of health may transmit to another medical officer of health or to the proper public health official in another jurisdiction any information in respect of a person in relation to whom a report in respect of a reportable disease has been made under this Act.

Communicat-
ion between
medical offices
of health

(2) Where the person in respect of whom a report is made under this Part to a medical officer of health does not reside in the health unit served by the medical officer of health, the medical officer of health shall transmit the report to the medical officer of health serving the health unit in which the person resides. 1983, c. 10, s. 32

Transmittal of
report

34. — (1) Every physician shall report to the medical officer of health the name and residence address of any person who is under the care and treatment of the physician in respect of a communicable disease and who refuses or neglects to continue the treatment in a manner and to a degree satisfactory to the physician.

Physician to
report refusal
or neglect of
treatment

(2) A report under subsection (1) shall be made to the medical officer of health serving the health unit in which the physician provided the care and treatment.

Report to be
made to
M.O.H.

(3) Where the person does not reside in the health unit served by the medical officer of health mentioned in subsection (2), the medical officer of health shall transmit the report to the medical officer of health serving the health unit in which the person resides.

Transmittal to
M.O.H. where
person resides

(4) A physician who makes a report under subsection (1) shall report to the medical officer of health at such times as are prescribed by the regulations any additional information prescribed by the regulations. 1983, c.10, s.34.

Additional
information

HAMILTON CIVIC HOSPITALS

☐ Hamilton General Division ☐ Henderson General Division

**DISCUSSION GUIDE AND CONSENT
FOR HUMAN IMMUNODEFICIENCY
VIRUS (HIV) TESTING**

I understand the HIV test measures antibodies to the virus and does not detect the actual virus itself. I understand the HIV antibody test results could be negative, positive or inconclusive.

NEGATIVE

I understand a negative result does not rule out recently acquired HIV infection.

POSITIVE

1. I understand approximately 1 in 20,000 people who are not infected will test false positive on both the screening and confirmatory test. In low risk populations this means that at least one-third of positive results will be false positive.
2. I understand a true positive result means past exposure to HIV but does not predict whether I will develop AIDS or AIDS-related illness. Further testing may give some indication of HIV activity and prognosis.
3. I understand most authorities agree, for purposes of disease control, a positive HIV antibody result should be considered evidence of HIV infection which could be transmitted to others.

INCONCLUSIVE

I understand an inconclusive result may require further HIV testing at a later date.

In Addition:

1. I understand certain tests and treatment options might not be made available to me without a record of a positive HIV antibody.
2. I understand there may be further psychological and social issues arising from a positive test result.
3. I understand if I sign waivers to release medical information to insurance companies, employers or any other third party, my physician will be obliged to release a positive HIV antibody test result to those third parties.
4. I understand, as required by the Ontario Health Protection and Promotion Act, 1983 and its Regulations, physicians are obliged, by law, to report to public health authorities the names of patients who test positive for HIV antibodies.

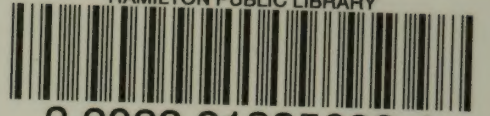
The details of the HIV antibody test have been explained to me to my full satisfaction. I understand the limitations and risks of the procedures. I hereby give consent to Dr. _____ to have my blood tested for HIV antibodies.

Name of Patient (print) _____ Date _____

Signature of Patient _____

Signature of Doctor _____

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